PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This for appropriate. All further corrindicated unless corrected b maintenance fee notifications	espondence including the legion or directed otherwise	smitting the ISSUE FEE a Patent, advance orders and in Block 1, by (a) specifying	nd PUBLIC notification ing a new co	ATION FEE (if requ of maintenance fees v orrespondence address	ired). Blocks 1 through 4 swill be mailed to the current; and/or (b) indicating a sep	should be completed where correspondence address as arate "FEE ADDRESS" for
21912 759	90 01/12/2004	p with any corrections or use Block I		Fee(s) Transmittal, The papers. Each additional	is certificate cannot be used	or domestic mailings of the for any other accompanying ent or formal drawing, must
VAN PELT & YI 10050 N. FOOTHII CUPERTINO, CA S	LL BLVD #200	0 0 mm		Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.		
		MAR U S ZOO	9	HATRICIA	F. TATE	(Depositor's name)
				Fattee	a Flate	(Signature)
		ADEMACK.		Tharck	-3, 0004	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/528,803	03/20/2000	Paul A. Freiberge OR OCCUPYING THE PERIPHERAL A			INTI OA 6902	6272
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0		\$1330	04/12/2004
FXAMI	EXAMINER ART UN		CLASS-SUBCLASS		1	
BRIER, JEFFERY A		2672		345-002100		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) INTERVAL Responsible to the USPTO or categories (will not be printed on the patent); individual Occupation or other private group entity government						
NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.				03/12/2004 M 01 FC:1501 02 FC:8001	BIZUNES 00000068 0952	8803 1330.00 OP 9.00 OP

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.